

Safety Training Sign-In Sheet

Lake County Board of County Commissioners

Date: _____ Start Time: _____ End Time: _____ Location: _____

Course: _____ Instructor: _____

Policy/Procedure (name & number): _____

(Student should read the Policy and/or Procedure associated with course if required.)

Print Name (First, Mi, Last)	Signature	Initial Policy/Procedure was provided and read.

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Distribution: Original - Departmental Training File
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